

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91028 033 \*\*\*150.00

**DOCUMENT # P02000024350**



1. Entity Name  
**HUDSON CONCRETE, INC.**

Principal Place of Business  
**301 E. LAS OLAS BLVD.  
SUITE 210  
FORT LAUDERDALE FL 33301**

Mailing Address  
**301 E. LAS OLAS BLVD.  
SUITE 210  
FORT LAUDERDALE FL 33301**

2. Principal Place of Business  
**Suite 132**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**100 S.E. 3rd Avenue**

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**

City & State

4. FEI Number  
**65-0489744**

☒ Applied For  
☐ Not Applicable

Zip  
**33394**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

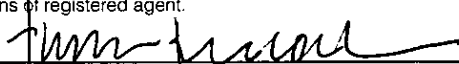
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

Name  
**Peacock Constructors**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 S.E. 3rd Avenue**  
**Suite 132**  
City  
**Fort Lauderdale** **FL** Zip Code  
**33394**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

**4/3/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**D** ☒ Delete  
NAME  
**HUDSON, CORY**  
STREET ADDRESS  
**301 E. LAS OLAS BLVD. SUITE 301**  
CITY-ST-ZIP  
**FORT LAUDERDALE FL 33301**

TITLE  
**President** ☒ Change ☐ Addition  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Delete  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Change ☐ Addition  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Delete  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Change ☐ Addition  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Delete  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Change ☐ Addition  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Delete  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Change ☐ Addition  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Delete  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

TITLE  
**President** ☐ Change ☐ Addition  
NAME  
**Peacock, Tamara**  
STREET ADDRESS  
**100 S.E. 3rd Ave., Suite 132**  
CITY-ST-ZIP  
**Fort Lauderdale, FL 33394**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **President**

**4/3/03**

**954-728-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)